Illinois Department of Children and Family Services
Institutional Review Board Meeting
Minutes
July 24, 2018

CHICAGO   Janet Ahern

ON PHONE   Arricka Newingham
                          Tammy Fuller
                          Brooke Taylor

CALL TO ORDER
Janet Ahern called the meeting to order at 2:04 p.m. A quorum was present.

APPROVAL OF MINUTES
MOTION: Tammy Fuller made a motion to approve the minutes June 26, 2018.

Arricka Newingham seconded the motion and a unanimous vote from the remaining board members carried the motion.

FOLLOW UP

Andrew Zinn. *Quality Improvement center on Domestic Violence in Child Welfare: Implementing and Evaluation on Adult and Child Survivor-Centered Approach to Serving Child-Welfare Involved Involved Families Experiencing Domestic Violence.*

MOTION: This research proposal is being removed from the agenda until more information is presented.

NEW PROPOSALS

Richard Epstein. *DCFS Therapeutic Residentiual Performance Intitiative (TRPMI).*

This was formerly known as DCFS Residential Monitoring Evaluation.

Changes seem to be fine. Nothing really changed all that much.

There's a survey with residential providers and an administrative data analysis. Increasing the sample size for both.

Nothing that raised any red flags.

Project is not going to be bigger, it's just the monitoring. Huge sample, but it's an interrupted time series analysis, they are going to go backwards in time (ten years or more) the more data points you have, the better.

MOTION: Tammy Fuller motioned to approve the proposal.

Arricka Newingham seconded the proposed motion and a unanimous vote from the remaining board members carried the motion.

Tracy Fehrenbach. *Complex Trauma Exposure and Mental Health Diagnosis in Child Welfare Involved Youth.*

Lot of questions about this one. Not sure how she's going to do it.

It appears as though that children are mis-diagnosed with mental illness instead of trauma. She's going to use the CANS and look at 4,000 children (a huge number) and through the CANS she's going to able to determine whether they were mis-diagnosed with mental health issues instead of trauma.

Don't look at whether diagnoses are appropriate.

They are going to categorize kids into 3 groups: complex trauma, chronic trauma, suspected trauma. Not sure how they are defining these. Scale within the CANS where kids can be grouped into these three categories and look at the diagnosis of the children within that group….and then see how many fall into the various categories.

Look at breakdowns by age, race and sex.

Not a real complex study, more of an exploratory study.

What types of diagnosis that kids with these trauma histories have. Differences between kids who have trauma noted within the CANS and those that don't have any trauma noted within the CANS but have similar diagnosis. Sample is only kids who have CANS completed and this data is already collected. Don't mention a comparison group of children that have no trauma. On the whole, DCFS does not have children who do not have any trauma.

Would have liked to see definitions on each of these things. How do they determine chronic trauma vs. suspected trauma vs. complex trauma. Are these in the CANS? There should be other sources that could give information on this – but not for 4,000 kids….because that would take too long. If they are just counting the numbers on which area had the most children in them then….okay.

Not trying to judge the appropriateness of the diagnosis. No one has looked at mental health diagnosis in child welfare in relationship to trauma. Not sure that the study is going to do that either. How do you make that correlation if you are not specifically look at other children with that same diagnosis that have no noted trauma history or no trauma history.

They should be able to draw some descriptive results, but won't be able to make much impact with the results of this study. Just proposing a different way of looking at the data – which they haven't done before.

Need Northwestern IRB.

Didn't see how they are going to deal with the confidentiality of the data. Please provide this information in the summary.

Will categorize the number of mental health diagnosis and what is the most prevalent in each of the areas – not sure what else is going to be gained. Information is sketchy. Only concern is whether this is going to be used in some kind of paper that we are moving towards mis-diagnosis and whether we are providing adequate mental health services or not.

Should we ask what the purpose of the study is? Is it to identify common diagnosis or mis-diagnosis in children? Inferences made from really limited data. How are they classifying those three categories?

Researcher will be invited to answer these questions at the next IRB meeting.

MOTION: This research proposal is being tabled until information is gathered from the researcher.

OTHER

Will get new legal advisor next meeting.

Will get new medical advisor next meeting.

Judith Havlicek Report. No comments or issues.

Next meeting was scheduled for August 28, 2018 at a 2 PM.

The meeting adjourned at 2:27 p.m.